

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	<i>67814</i>	<i>11/21/95</i>
O.I.P.E. CLASSIFIER		<i>5</i>	<i>11-5-99</i>
FORMALITY REVIEW	<i>DB</i>	<i>70014</i>	<i>12/19/99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8/14/02
2	1/2/03
3	5/14/03
4	10/19/03
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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